SARCOMA OF THE SMALL INTESTINE AND MESENTERY.

REPORT OF A CASE IN WHICH SIX FEET AND FIVE INCHES OF THE SMALL INTESTINE WERE REMOVED, WITH RECOVERY.

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On May 22, 1906, I was asked by Dr. Joseph to see with him at the Nuneaton Hospital, a boy aged six years, who was admitted on May 19 with abdominal pain and sickness, associated with a temperature of about 100°. Six weeks previous to the child's admission he had also suffered a similar attack with diarrhœa, and a month before admission the abdomen was noticed to be enlarged.

As soon as the child was admitted to the hospital the symptoms subsided, until May 22, when he again began to vomit after the administration of an aperient, but the bowels acted with the assistance of an enema given some hours after the administration of liquorice powder. When I saw the child he looked ill, his temperature was about 100° and his pulse also, he had a tumor larger than one's two fists occupying the central parts of the pelvis and the lower abdomen, reaching well above the umbilicus; it was movable laterally and vertically, was firm in consistence and free from tenderness. The position of the swelling, its mobility and the history of the pain, sickness, and, on one occasion, diarrhœa, suggested to me that the tumor was one of the great omentum dragging upon the colon, and the mobility was so free that I determined to attempt the removal of the growth.

The abdomen was opened slightly to the left of the middle line, when it was found that the surface of the growth was covered by, and seemed to be intimately blended with, the great omentum, the very large vessels of which ramified over the sur-

FIG. 1.—Sarcoma of small intestine.

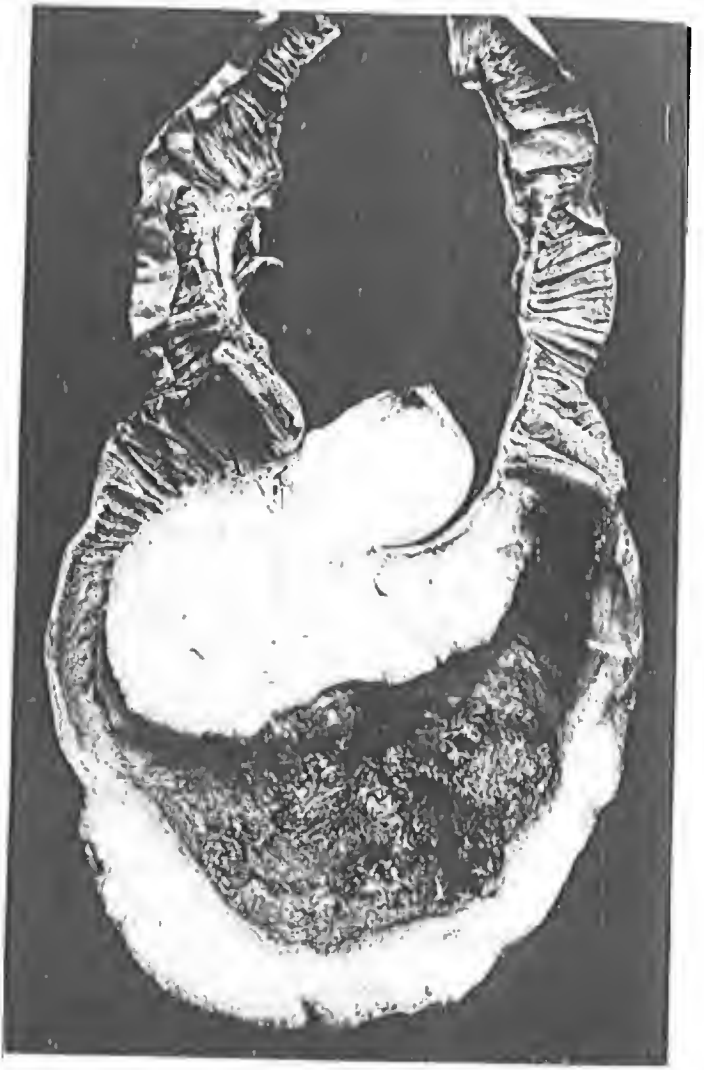

FIG. 2.—Section through the growth and intestine.

face of the tumor; the hand passed into the pelvis detected a wide band of adhesion at the posterior surface of the bladder. The great omentum was ligatured off and the bladder adhesion also; the hand passed under the tumor and it was lifted out of the abdomen. It was then discovered that a coil of small intestine ran right through the middle of the growth, as is well shown in the accompanying Fig. 1. Following the tumor upwards it was found that it encroached very much on the mesentery of the small intestine and that to remove it and yet leave a sufficient blood supply to that portion of the small intestine which remained behind a very extensive resection of intestine would be required. The blood supply to the small bowel was double ligatured, piece by piece, by the aid of an aneurysm needle thrust through the mesentery, the ligatures extending from close to the ileo-cæcal valve, upwards until it was evident that the place was reached which was above the growth and yet left the small bowel well vascularized. The mesentery was now divided between the double ligatures, and the bowel also at the extremities above and below the growth, scarcely any blood was lost and only one or two fine points needed further ligatures. The upper end of the lower piece of small intestine, which was quite close to the ileo-cæcal valve, was inverted and closed by sutures, the lower end of the upper portion of the small intestine was approximated to the lateral wall of the ascending colon by means of a Murphy button and the abdomen was closed.

A comparatively uneventful recovery followed, the pulse record was at its highest, 128, on the first night and remained above 100 for ten days while the temperature which at the end of 48 hours was 101 gradually fell to normal, the button was passed on the twelfth day. While the boy remained in bed he had two, sometimes three, rather loose motions every day; he has been kept under observation since he left the hospital and his weight has been taken on several occasions. On June 14, he weighed 30 lbs., and on July 8 the weight had steadily gone up to 36 lbs., while at the present time he is just 3 stone; he appears well in all ways, but his motions remain too frequent and often very offensive.

Examination of the removed parts shows that the tumor is a round-celled sarcoma, the origin of which may have been either in the wall of the small intestine or in the mesentery close to it;

careful measurement of the removed part of the bowel shows that it is 6 ft. 5 in. in length.

The case is of interest not only on account of the extensive removal of the small bowel and the good state of nutrition in which the boy now is, but, also, because of the little impediment to the intestinal current afforded by such a long tract of rigid and infiltrated and therefore passive intestine.